

**RECEIVED**  
**03/15/2021**



3/15/2021

United States Nuclear Regulatory Commission Region IV  
License Division  
1600 E. Lamar Blvd.  
Suite 400  
Arlington TX, 76011-4511

**Mail Control Number: 624887**  
**Docket Number : 3003231**  
**License Number : 40-00238-04**  
**Licensee Name : Monument Health, Inc.**

Re: SIR-Spheres® Yttrium-90 Resin Microspheres Possession Limit Increase

For our NRC License 40-000238-04 possession limits requested for SIR-sphere® Yttrium-90 (Y-90) resin microspheres.

Under Section 8. Maximum amount that licensee may possess at any one time under the license. Subpart G. 256 millicuries per vial and to have a total possession limit of at least 1 curie.

Nothing else in Subpart G. will change.

This will not affect our procedures for inventory, waste, written directive, occupational monitoring, or dose draw. Doses to staff will remain ALARA while providing care to patients in need.

Thank you for your review,

A handwritten signature in black ink, appearing to read "Jim Mckee".

Jim Mckee  
Medical Physicist  
Radiation Safety Officer  
John T. Vucurevich Regional Cancer Care Institute  
353 Fairmont Blvd  
Rapid City, SD 57701  
(605) 755-2339  
[jmckee1@monument.health](mailto:jmckee1@monument.health)

**From:** [McKee, James](#)  
**To:** [Hill, Carol](#)  
**Cc:** [Husman, Lowell](#)  
**Subject:** [External\_Sender] License amendment  
**Date:** Monday, March 15, 2021 12:46:08 PM  
**Attachments:** [Y90 Limit increase.pdf](#)

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Ms. Hill,

I have attached an amendment request for review.

Thank you,

Jim Mckee  
Medical Physicist  
Radiation Safety Officer  
John T. Vucurevich Regional Cancer Care Institute  
353 Fairmont Blvd  
Rapid City, SD 57701  
(605) 755-2339  
[jmckee1@monument.health](mailto:jmckee1@monument.health)

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**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

<b>Name and Address of Applicant and/or Licensee</b>  Mr. James S. McKee, Jr. Radiation Safety Officer Monument Health, Inc. 353 Fairmont Blvd. Rapid City, SD 57701	<b>Date</b> 03/16/2021
	<b>License Number(s)</b> 40-00238-04
	<b>Mail Control Number(s)</b> 624887
	<b>Licensing and/or Technical Reviewer or Branch</b> C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 03/15/2021

The initial processing, which included an administrative review, has been performed.  
 Amendment  Termination  New License  Renewal

There were no administrative omissions identified during our initial review.

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>  
 Follow the instructions on the form for submission.

The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

**Region IV**  
**U. S. Nuclear Regulatory Commission**  
**DNMS/NMSB - B**  
**1600 E. Lamar Boulevard**  
**Arlington, TX 76011-4511**  
**(817) 200-1103 or (817) 200-1140**

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02230  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 02/28/2026  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Monument Health, Inc.  
Received Date: 03/15/2021  
Docket Number: 3003231  
Mail Control Number: 624887  
License Number: 40-00238-04  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount:     N/A    

Check No.:     N/A    

#### 3. COMMENTS

Signed:     Carol L. Hill    

Date:     03/16/2021    

### B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / / )

1. Fee Category and Amount: \_\_\_\_\_

#### 2. Correct Fee Paid. Application may be processed for:

Amendment: \_\_\_\_\_

Renewal: \_\_\_\_\_

License: \_\_\_\_\_

#### 3. OTHER \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3003231 LICENSE NUMBER: 40-00238-04 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 624887 RECEIPT DATE: 03/15/2021 ACTION TYPE: Amendment

DUE DATE: 06/13/2021 INST. CODE: 238 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 07/24/1986 EXPIRATION DATE: 02/28/2026

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Monument Health, Inc. DECOM FIN ASSUR REQD: N  
SUBM: N

MAILING ADDRESS LINE1: 353 Fairmont Boulevard CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Rapid City STATE: SD ZIP: 57701

CONTACT PERSON: PREFIX: FIRST NAME: Paulette MIDDLE INITIAL:

LAST NAME: Davidson SUFFIX:

JOB TITLE: Chief Executive Officer PHONE: 605-719-1000 FAX: EMAIL:

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: South Dakota ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02230 SECONDARY PGM CODE: 02120,02240

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: James MIDDLE INITIAL: LAST NAME McKee

SUFFIX: M.S. RSO JOB TITLE:

RSO PHONE: 605-755-2339 RSO FAX: 605-719-2310 RSO EMAIL:

STATES WHERE USE IS AUTHORIZED: 1  
0- ALL LISTED STATES  
1- SAME AS STATE IN ADDRESS  
2- ALL STATES  
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):